The Outdoor Campus Life Science Fair Homeschool Registration Form

Each student or family should complete this form and return it to the Outdoor Campus by no later than February $1^{\rm st}$.

Science Fair Project Title:	
Age Category(s): \square K-4 th \square 5 th -7 th \square 8 th -12 th Short Project Description:	
Student Contact Information:	Please indicate whether or not The Outdoor Campus may use names
Student Name:Parent Name:	and or pictures of your child or
Email:Address:	
City: Zip:	Return Registration Form by Wednesday, February
Phone:Additional Student Info: (if applicable) Student Name:	1 st to: The Outdoor
Student Name: Check if info it's the same as above, if not: Parent Name:	Sioux Falls, SD 57106 605.362.2777 Questions?
Email:Address:	Contact: Derek Klawitter
City: State: Zip: Phone:	derek.klawitter@state.sd.us 605.362.2732